

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073



FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.
pm dly
2008 MAY 19 AM 11:21

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

GENE FICKEN

Political Party (if applicable)

DEMOCRAT

Office Sought

STATE REPRESENTATIVE

District (if Senate or House)

23

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1719

Logged In

S e

Scanned

Computer

Audited

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

319-334-9992

TELEPHONE

5-14-08

DATE SIGNED

I AM FILING A MAY 15, 2008 (010108-051508) REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 3,936.97

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

7,280.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 11,216.97

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,490.52

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 9,726.45

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 0

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
01-24-08	ID# 1829 CK#	DAN FREEMAN 801 8TH STREET SE, INDEPENDENCE, IA 50644		\$200	<input type="checkbox"/>
01-26-2008	ID# CK# 9452	DOUG AND LINDA HEARN 405 17TH AVE NW, INDEPENDENCE, IOWA 50644		50.00	<input type="checkbox"/>
01-18-2008	ID# CK# 7264	SUSAN FROST 410 ROXANNE DR, FAIRBANK, IOWA 50629		50.00	<input type="checkbox"/>
01-11-2008	ID# 6113 004029 CK#	AFSCME/IOWA PUBLIC EMPLOYEES COUNCIL 61-PEOPLE ACCOUNT 4320 NW 2ND AVE. DES MOINES, IOWA 50313		500.00	<input type="checkbox"/>
01-03-2008	ID# CK# 6512	JOY AND HOWARD SAUNDERS 710 2ND AVE NE, INDEPENDENCE, IOWA 50644		25	<input type="checkbox"/>
01-03-08	ID# CK#	EVENT MONEY		10.00	<input type="checkbox"/>
01-31-2008	ID# CK#	EVENT MONEY		20.00	<input type="checkbox"/>
01-30-2008	ID# CK#	EVENT MONEY		5.00	<input type="checkbox"/>
1-30-2008	ID# CK# 8591	ANTHONY ALESSIO 715 12TH STREET NE, INDEPENDENCE, IOWA 50644		15.00	<input type="checkbox"/>
01-28-2008	ID# CK# 9908	RICHARD FANGMAN 3034 UNION AVE, WINTHROP, IOWA		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 925.00	
TOTAL (if last page of this schedule)				\$	

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Page 1 of 6
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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02-04-2008	ID# CK# 4656	RICK AND CYNDI BERGESON 402 3RD AVE SE, INDEPENDENCE, IOWA 50644		\$25.00	<input type="checkbox"/>
02-01-2008	ID# CK# 7447	BEVERLY TAYLOR 2396 232ND STREET, INDEPENDENCE, IOWA 50644		50.00	<input type="checkbox"/>
02-04-2008	ID# CK# 6924	DANIEL AND DIANE SPERFSLAGE 2514 130TH STREET AURORA, IOWA		50.00	<input type="checkbox"/>
02-14-2008	ID# CK# 6750	ROBIN CRAWFORD 704 5TH STREET NW, INDEPENDENCE, IOWA 50644		25.00	<input type="checkbox"/>
02-10-2008	ID# CK# 6812	DEAN AND KAY HOFFMAN 2668 142ND STREET AURORA, IOWA 50607		25.00	<input type="checkbox"/>
02-03-2008	ID# CK# 7185	DARLENE ESMOIL 214 5TH AVE INDEPENDENCE, IOWA 50644		50	<input type="checkbox"/>
03132008	ID# CK#	EVENT MONEY		50.00	<input type="checkbox"/>
03-28-2008	ID# 9738 CK# 2050001232	ACT BLUE - ADAM FREED 36 LAIDLEY STREET, SAN FRANCISCO DC, 94131		1000.00	<input type="checkbox"/>
03-28-2008	ID# 9738 CK# 2050001232	ACT BLUE- BILL LEWIS 6525 NORTH 26TH STREET, PHOENIX, DC 85016		500.00	<input type="checkbox"/>
03-28-2008	ID# 9738 CK# 2050001232	ACT BLUE- RICHARD UNDERWOOD 6525 NORTH 26TH STREET PHOENIX DC, 85016		500	<input type="checkbox"/>

SUB-TOTAL

\$ 2275

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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03-28-2008	ID# 9738 CK# 2050001232	ACT BLUE- JEFFREY SCHWART 4400 S MONACO STREET 237 DENVER DC 80237		\$2.00	<input type="checkbox"/>
03-28-2008	ID# 9738 CK# 2050001232	ACT BLUE- ROBIN BRAND 2016 ALVARADO ST, OCEANSIDE DC, 92054		3.00	<input type="checkbox"/>
03-29-2008	ID# CK# 2826	DANIEL AND EMILY KRIENS PO BOX 36, FAIRBANK, IOWA 50629		50.00	<input type="checkbox"/>
03-30-2008	ID# CK# 8179	KENNETH COLE 2189 IOWA AVE, INDEPENDENCE, IOWA 50644		50.00	<input type="checkbox"/>
04-01-2008	ID# CK# 8410	ROSALIE M. HANSEN 615 EASY STREET WINTHROP, IOWA 50682		50.00	<input type="checkbox"/>
04-01-2008	ID# 9738 CK# 2050001248	ACT BLUE- BRAD SEARS BOX 951476 LOS ANGELOS CA		30.00	<input type="checkbox"/>
04-01-08	ID# 9738 CK# 2050001248	ACT BLUE- MONA PITTENGER 2660 S BIRHINGHAM PL, TULSA DC 74114		500.00	<input type="checkbox"/>
04182008	ID# 9738 CK# 2050001271	ACT BLUE- ADAM R ROSE PO BOX 657 CROSS RIVER NY 10518		1000	<input type="checkbox"/>
04182008	ID# 9738 CK# 2050001271	ACT BLUE- ROBERT DOCKENDOFF 260 AMBER DR. SF, CA 94131		250	<input type="checkbox"/>
04182008	ID# 9738 CK# 2050001271	ACT BLUE- PAUL ALBERT 60 PIEDMONT SF CA 94117		1000	<input type="checkbox"/>

SUB-TOTAL

\$2935.

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Gene Ficken for State Representative

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/18/2008	ID# 9738 CK# 2050001271	Act Blue-Mike Gleason, P.O. Box 5324, Beverly Hills, CA 90209		\$150	<input type="checkbox"/>
3/28/2008	ID# CK# 783	Curtis O'Loughlin, 1714 Otterville Blvd., Independence, IA 50644		100	<input type="checkbox"/>
3/25/2008	ID# CK# 2250	John Christensen, 402 4th Ave SW, Independence, IA 50644		25	<input type="checkbox"/>
4/18/2008	ID# CK#	Event money		40	<input type="checkbox"/>
4/15/2008	ID# CK# 6586	R.C. Jones, 810 8th Ave. NW, Independence, IA 50644		20	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 335.	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Ficken, Gene 4 State Rep

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
4/4/2008	ID# CK# 6124	Sloan, R.J., 3046 Harrison Ave., Rowley, IA 52329		\$20	<input type="checkbox"/>
4/7/2008	ID# CK# 5154	Gramenz, Ronald & Melva, 1679 Indiana Ave., Hazleton, IA 50641		20	<input type="checkbox"/>
4/4/2008	ID# CK# 2170	Blitsch, Donald, 720 8th Ave. NE, Oelwein, IA 50662		50	<input type="checkbox"/>
4/3/2008	ID# CK# 3606	Donnelly Rental, 214 5th Ave SW, Independence, IA 50644		75	<input type="checkbox"/>
4/5/2008	ID# CK# 6071	Dennie, Gerald & Sandy, 215 Easy St., Winthrop, IA 50682		25	<input type="checkbox"/>
4/21/2008	ID# CK# 4084	Gaffney, Ellen, 2073 118th St., Hazleton, IA 50641		100	<input type="checkbox"/>
3/31/2008	ID# CK# 7354	Fischels, Bernice, 1055 Hawley, Jesup, IA 50648		25	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 315	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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1/3/2008	ID# CK# 7728	Carson, David L., 813 9th St. NE, Independence, IA 50644		\$100	<input type="checkbox"/>
1-3-2008	ID# CK# 1371	Trullinger, Edward, 512 W. Polk, Afton, IA 50830		100	<input type="checkbox"/>
4/21/2008	ID# CK# 2434	Grover, Max or Charlotte, 2945 King Ave., Rowley, IA 52329		25	<input type="checkbox"/>
4/25/2008	ID# CK# 2733	Walshire, Brian and Vicki, 2730 Coots Blvd., Rowley, IA 52329		30	<input type="checkbox"/>
4/26/2008	ID# CK# 6858	Kilgard, Stevan A., 2184 Double L Dr., Independence, IA 50644		100	<input type="checkbox"/>
4/29/2008	ID# CK# 12922	Adams, Bret, 1406 8th St. NE, Independence, IA 50644		40	<input type="checkbox"/>
4/27/2008	ID# CK# 5926	Dinger, Joel W., 504 14th St. NE, Independence, IA 50644		20	<input type="checkbox"/>
5/1/2008	ID# CK# 10515	Ferreter, Michael, 415 11th Ave. NE, Independence, IA 50644		30	<input type="checkbox"/>
5/4/2008	ID# CK# 9367	Donnelly, Timothy & Catherine, 1924 Lee Ave., Independence, IA 50644		50	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 495	
TOTAL (If last page of this schedule)				\$ 7280.	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01-14-08	ID# 1008 CK#	DICKEY'S PRINTING 819 SYCAMORE, WATERLOO, IOWA	STATIONARY ; CARDS	\$ 63.67
01-15-08	ID# 1007 CK#	US POSTAL SERVICE INDEPENDENCE POST OFFICE INDEPENDENCE, IOWA	POSTAGE	164.00
03-20-2008	ID# 1010 CK#	US POSTAL SERVICE INDEPENDENCE POST OFFICE INDEPENDENCE, IOWA	POSTAGE	410.00
03-20-2008	ID# CK# 1011	OFFICE TOWNE, INC 1108 3RD AVE SE INDEPENDENCE, IOWA	OFFICE SUPPLIES, INK ETC	131.54
05-01-2008	ID# CK# 1013	DICKEY'S PRINTING 819 SYCAMORE, WATERLOO, IOWA	BUSINESS CARDS	476.36
05-01-08	ID# 1012 CK#	VOIDED CHECK		
05-01-08	ID# CK# 1014	VOIDED CHECK		
05-14-08	ID# 1015 CK#	HUGHES REAL ESTATE FIRST STREET WEST, INDEPENDENCE, IOWA 50644	REFUND OF DONATION PER IECDB	50.00
SUB-TOTAL				\$ 1295.57
TOTAL (if last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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COMMITTEE NAME (Must be same as on Statement of Organization)

GENE FICKEN FOR STATE REPRESENTATIVE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
03-28-2008	ID# 9738 CK#	ACT BLULE PO BOX 382110 CAMBRIDGE MA 02238-2110	FUNDS RETAINED BY ACT BLUE	\$.20
03-28-2008	ID# 9738 CK#	ACT BLULE PO BOX 382110 CAMBRIDGE MA 02238-2110	FUNDS RETAINED BY ACT BLUE	79.00
04-18-2008	ID# 9738 CK#	ACT BLULE PO BOX 382110 CAMBRIDGE MA 02238-2110	FUNDS RETAINED BY ACT BLUE	94.81
04-04-2008	ID# 9738 CK#	ACT BLULE PO BOX 382110 CAMBRIDGE MA 02238-2110	FUNDS RETAINED BY ACT BLUE	20.94
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 194.95
TOTAL (if last page of this schedule)				\$ 1490.52

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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)